

Statement of Rep. Henry A. Waxman

On passage of HR 5501, the Tom Lantos and Henry J. Hyde United States Global Leadership Against HIV/AIDS, Tuberculosis, and Malaria Reauthorization Act of 2008

April 2, 2008

As one of the original cosponsors of this bill, I am proud of what it represents, and I strongly urge my colleagues to support it. This five-year reauthorization tells the world that the United States is truly committed to a sustainable global response to HIV, TB, and malaria.

The bill raises our financial commitment. It authorizes the strengthening of local health systems and the training of workers, including the doctors and nurses on whom the sustainability of this program will rely.

The bill also eliminates the onerous abstinence-only spending requirement. It replaces it with a provision directing country teams to tell Congress if they spend less than half of their funds for sexual transmission on behavior change programs. This is merely a reporting requirement, and should not be understood as a restriction on country spending.

I do want to acknowledge some concerns about the bill. Many would have liked to see stronger and more inclusive language encouraging linkages to reproductive health services. I would have liked to see such language too.

There is also concern about the current requirement that recipients sign an “anti-prostitution pledge.” People involved in sex work are very vulnerable to HIV infection, along with many other health and social risks. But what we hear from the field is that the pledge has had the unintended consequence of making groups shy away from effective outreach programs for sex workers. They are scared of running afoul of this broad oath requirement. I’m disappointed that we weren’t able to eliminate it.

While I think we've got more work to do in certain areas, I'd like to take this opportunity to comment on several elements of the bill which I believe are vitally important.

First, despite the prostitution pledge, it is unambiguous that the intent of Congress is to direct close attention to the needs of sex workers and other marginalized groups. The bill specifically directs the provision of care, treatment, and prevention services to sex workers, injection drug users, and men who have sex with men. And it requires the development of strategies for providing evidence-based prevention services to each of these populations.

This bill also makes some important refinements to the treatment program. The expansion of antiretroviral services has been a huge success. But many people still lack needed treatment. Others require more expensive second-line therapy. And while significant progress has been made in the utilization of generic drugs, some US dollars are still being used to buy brand-name drugs when lower-cost generics are available.

In light of these challenges, this bill instructs the AIDS Coordinator to develop mechanisms for encouraging and facilitating the purchase of safe and effective drugs at the lowest possible price. The bill also requires the Coordinator to report annually on the amounts paid for generic and branded antiretroviral drugs. And it requires that information on drug pricing be shared and updated routinely, so our partners can make purchases based on the best available information.

Finally, I'd like to note that this bill puts an important new emphasis on research. While we've learned much through this program, we haven't seen a coordinated research agenda to address questions about what works and what doesn't, especially in the area of prevention. This bill mandates a detailed strategic plan for program monitoring, operational research and impact evaluation research. It also requires a strategy for maximizing the capacity of host countries to

conduct their own research.

But we should not let these developments make us complacent. The most basic, but often most pressing, health needs of the world's poor aren't being met. Children are still dying for lack of clean drinking water. Women face staggering rates of morbidity and death related to pregnancy and childbirth. And people across the world succumb to disability and death from treatable, and often preventable, illnesses.

As we pass this bill today, let's not forget these other pressing health problems. I urge my colleagues to vote yes on HR 5501. And I hope that the lessons and successes of our global AIDS program inspire us to reinvigorate our commitment to a broader global health agenda.